

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045025

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 158

FILED NOV 27 1963

1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR
TOWN

Richmond

Length of stay in 1b

20 years

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

417 W. Main St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ray

c. CITY

OR
TOWN

Richmond

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

417 W. Main St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LORAIN

GERTRUDE

BOLLINGER

4. DATE
OF
DEATH

Month

Day

Year

November 16, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/3/1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Ray County, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Howard Craven

13b. MOTHER'S MAIDEN NAME

Martha Brand

14. NAME OF HUSBAND OR WIFE

Frank T. Bollinger - dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

A

17. INFORMANT

Address

Mrs. Melvin Rimmer, Excelsior Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-10-60 to 8-6-63 and last saw her alive on 8-6-63
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Richmond, Mo.

22c. DATE SIGNED

11/18/1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunny Slope Cemetery

23d. LOCATION (City, town, or county)

Richmond, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thurman Funeral Home, Richmond, Mo.

25. DATE RECD. BY LOCAL REG.

11/18/1963

26. REGISTRAR'S SIGNATURE

Mahel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0891

2 0891

3

4 1

5 2

6

7 0

8 2

9 4/200

10

11

12 9-0

13 7-0

STATE OF MISSOURI

1820
1820
1
2
0
2
0-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or~~ _____, Student Embalmer No. _____

☒ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levas Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.